NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

Certified

MAY 2 4 2004 DEAN HELLER SECRETARY OF STATE

	LENC	TU OE DESIDEN	CE IN NEVADA	MEANS 11	MONTH	
NAME <i>LOIS ADVET</i> MAII ING ADDRESS 520; 5 100AET PINES	4/2/2 LENG	TH OF RESIDEN	CE IN DISTRICT	WHERE REGI	STERED) TO
		8 MONTHS				
CITY, STATE, ZIP <u>LAS UE 6AS, NU 89118</u> TELEPHONE <u>702-253-9585</u>			NRS 281.571(1)(a)		
TELEPHONE 702 033 7307						
List all public offices for which this financial dis	sclosure statement is r	equired [NRS 2	81.571, Subsection	n 1(g)]:	4000	NTMENT
List all public offices for which are			ANNUAL all elected and	(no later than		xpired term
			appointed public	the 10th day		lected or
			officers	after the last day to qualify as a	appoint	ted public ficer
			(no later than Jan. 15 each year)	candidate)	(within	30 days)
AND	Annual	Term or	NRS 281.559(1)(b)	NRS 281.561(1)(a)		VRS 159(1)(a)
Public Office	Compensation	Date Appointed	281.561(1)(b)	_ *		
ASSEMBLY DISTAICT 42	\$			包	Ĺ	i
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Test	<u> </u>		. L		1	
DESTINATION VIP	OF THE PEACE DI					
List each creditor to whom you or a member or deed of trust on real property which is not vehicle for personal use was retained by sell	required to be listed t	below, and (2)	more [except (1 debt for which a) debt secur a security inf	icicat ii	mortgage a motor
					Self	Member
e and the contract						
COLLEGIATE FUNDING SERVICES						
SALVE MAG					Ø	
						П
					- <u> </u>	<u></u>

List each business entity (i.e., organizatirm, business, trust joint venture, syn involved as a trustee, beneficiary of a a class of stock or security representir	truct director officer owner in Whole	th which you or a member of you or in part, limited or general partne	er, or hol	der of
[NRS 281.571, Subsection 1(f)]:	9 7 70 01 110 01 010 0		н	ousehok
			Self	Member
			브	
			Ц	
				Ш
List specific location and particular us your household has a legal or benefic state or an adjacent state [NRS 281.571	se of all real estate (other than persocial interest; (2) the fair market value of	onal residence): (1) in which you of which is \$2,500 or more; and (3	or a men) located	nber of in this
Specific Lo	ocation	Particular Use		
during the preceding taxable year [e: consanguinity or affinity; and (2) cere occasion if the donor does not have a	of each gift received in excess of an except (1) a gift received from a person emonial gifts received for a birthday, we as substantial interest in your legislative	n who is related to you within the wedding, anniversary, holiday or o	tnira ae ther cere	gree of emonia
[NRS 281.571, Subsection 1(e)]:	Donor	_	Value of	Gift
		\$		
		\$		
		\$\$		
THE INFORMATION I HAVE PROV	IDED HEREIN IS ACCURATE AND (COMPLETE.		
-h. las	Signature: Robert	ali		
Date: 5/22/04	Signature: 750007	carry .		

Revised 8/28/2003